



**ARIZONA STATE SENATE**  
*Fifty-Second Legislature, Second Regular Session*

**FACT SHEET FOR S.B. 1283**

controlled substances prescription monitoring program

Purpose

Requires medical practitioners to obtain a patient utilization report from the controlled substances prescription monitoring program's central database tracking system before prescribing certain controlled substances and outlines exemptions to this requirement.

Background

Pursuant to A.R.S. § 36-2602, the Arizona State Board of Pharmacy (Board) is required to establish a controlled substances prescription monitoring program (Program), the purpose of which is to assist law enforcement to identify illegal activity and to provide information to patients, prescribing medical practitioners and pharmacies to avoid the inappropriate use of schedule II, III and IV controlled substances.

The Program includes a computerized central database tracking system to track the prescribing, dispensing and consumption of schedule II, III and IV controlled substances that are dispensed by a medical practitioner or by a licensed pharmacy.

There is no anticipated fiscal impact to the state General Fund associated with this legislation.

Provisions

1. Requires a medical practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient, to obtain a patient utilization report regarding the patient for the preceding 12 months from the Program's central database tracking system, beginning January 1, 2017.
2. Stipulates the medical practitioner is not required to check the central database if:
  - a) the patient is receiving hospice care;
  - b) the patient is receiving care for cancer or a cancer-related illness or condition;
  - c) a medical practitioner will administer the controlled substance;
  - d) the patient is receiving the controlled substance during the course of inpatient or residential treatment in a hospital, nursing care facility or mental health facility; or
  - e) the medical practitioner is licensed as a dentist and is prescribing the controlled substance to the patient for no more than five days after oral surgery.
3. Specifies a review of electronic medical records that integrate data from the Program are deemed compliant with a review of the Program's central database tracking system.

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4. Requires the Board to promote and enter into data sharing agreements for the purpose of integrating the Program into electronic medical records.
5. States that a complying medical practitioner acting in good faith is not subject to liability or disciplinary action arising solely from either:
  - a) requesting or receiving, or failing to request or receive, prescription monitoring data from the Program's central database tracking system; or
  - b) acting or failing to act on the basis of the prescription monitoring data provided by the Program's central database tracking system.
6. Stipulates that medical practitioners and medical practitioners' delegates are not in violation during any time period in which the Program's central database tracking system is suspended, is not operational or is unavailable in a timely manner.
7. Requires the medical practitioner or the medical practitioner's delegate to document the date and time the practitioner or delegate attempted to use the central database tracking system if the Program's central database tracking system is not accessible.
8. Becomes effective on the general effective date.

Prepared by Senate Research

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EM/PB/ljs